



# Mississippi Partnership Income Tax Estimate Voucher 2022

Tax Year Beginning \_\_\_\_\_  
mm dd yyyy

Tax Year Ending \_\_\_\_\_  
mm dd yyyy

Estimate Due Date \_\_\_\_\_  
mm dd yyyy

FEIN \_\_\_\_\_

Business Name and DBA			Total number of owners/partners filed on estimate form(s)  _____
Address			
City	State	Zip +4	

1 Total partnership net gain or profit 1 \_\_\_\_\_ .00

2 5% of net gain or profit remitted by the partnership for the owners/partners listed below 2 \_\_\_\_\_ .00

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
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3 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 3 \_\_\_\_\_ .00

4 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 4 \_\_\_\_\_ .00

5 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 5 \_\_\_\_\_ .00

6 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 6 \_\_\_\_\_ .00

7 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 7 \_\_\_\_\_ .00

8 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 8 \_\_\_\_\_ .00

9 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 9 \_\_\_\_\_ .00

10 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 10 \_\_\_\_\_ .00

11 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 11 \_\_\_\_\_ .00

12 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 12 \_\_\_\_\_ .00

13 \_\_\_\_\_   \_\_\_\_\_ . \_\_\_\_ . \_\_\_\_ % 13 \_\_\_\_\_ .00

14 Total of amounts entered on line 3 through line 13 14 \_\_\_\_\_ .00

15 Total amounts from all supplemental pages (Form 84-387, page 2) 15 \_\_\_\_\_ .00

16 Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2) 16 \_\_\_\_\_ .00

**I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return.**

\_\_\_\_\_  
Officer/ Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

- **Print FEIN on check**
- **Make check or money order payable to Department of Revenue or see instructions for electronic payment options**

**Mail To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191**

